

Service Name	PSYCHIATRIC NURSING
Setting	Individual's place of residence (not to include a hospital, skilled nursing facility, day rehabilitation program, residential rehabilitation facility, or adult day treatment program).
License	Providers will maintain licensure as directed by the Nebraska Department of Health and Human Services, Division of Public Health.
Basic Definition	<ul style="list-style-type: none"> • The psychiatric registered nurses (RN) or the advanced practitioner registered nurse (APRN) offer primary care services to the mental health population in the primary residence of the individual. The nurses assess, diagnose, and treat individuals with psychiatric disorders or the potential for such disorders using their full scope of therapeutic skills, including the prescription of medication and administration of psychotherapy. • The service is provided by a RN or an APRN to individuals who are unable to access office-based services. • This service is available based on the individual's medical condition, medical necessity, and appropriateness for the provision of services.
Service Expectations : basic expectations for more detail see Title 471 chapter 20	<ul style="list-style-type: none"> • The Initial Diagnostic Interview (IDI) and additional nursing assessment, conducted by appropriate practitioners working within their scope of practice, will be completed prior to the initiation of services. • A physician's order is required to initiate this service. • The treatment plan will be individualized to the individual and include the specific problems, behaviors, or skills to be addressed; clear and realistic goals and objectives; services, strategies, and methods of intervention to be implemented; criteria for achievement; target dates; methods for evaluating the individual's progress; and the responsible professional. A reasonable discharge plan will be developed as part of the treatment plan that includes a plan for transitioning to a community based service. • The treatment plan is developed and reviewed every 60 days by the treatment team, the individual, their family/significant others as appropriate, and the supervising practitioner. Updates/reviews of the plan will be signed by all of those involved in the review. • Services may include medication administration, assistance in setting up a medication system, teaching and monitoring of medication, and observation of the physical well-being in relation to medication side effects. • This service is not intended to replace the direct involvement of a physician for the mental health treatment of the individual.
Length of Service	<ul style="list-style-type: none"> • The frequency and duration may vary based upon the needs of the individual, but shall not exceed 35 days in the first 60-day authorization, and a maximum of 12 days for each subsequent 60-day authorization period. • The service will provide or otherwise demonstrate that members have on-call access to a mental health provider on a 24-hour, seven-day per week basis.
Staffing	<ul style="list-style-type: none"> • Medical director – A physician licensed in Nebraska either employed or contracted who assures overall service integrity. If the medical director is not a psychiatrist, the agency will have an employed or contracted psychiatrist who serves as the supervising practitioner overseeing each individual's treatment. • Supervising practitioner – A physician who is responsible for the individual's treatment plan and services. Provide a direct service to the individual once a month during the first mental health 60-day authorization period and once every subsequent 60-day authorization of mental health services per treatment episode. • Clinical program director – An APRN or an RN with psychiatric experience.

	<ul style="list-style-type: none"> • APRN or RN providing psych services are to have psychiatric experience. • All staff are to be educated/trained in rehabilitation, recovery principles and trauma informed care.
Staffing Ratio	One nurse to one individual
Desired Individual Outcome	Support and increase the individual's involvement with rehabilitation services in the community.
Admission guidelines	<ul style="list-style-type: none"> • The individual demonstrates psychological symptomatology consistent with an active DSM 5 (most recent version) diagnosis which will respond to therapeutic intervention and is a result of a mental illness. • The individual is receiving treatment services under a physician. • Stabilization of the individual's mental health condition requires psychiatric nursing. • Psychiatric nursing can be expected to allow the individual the best opportunity of stabilization of the mental health condition and is the least restrictive level of care for this individual. • The treatment plan clearly identifies the types of services and interventions needed as a part of the mental health psychiatric health service.
Continued stay guidelines	<ul style="list-style-type: none"> • The individual continues to meet admission guidelines. • The individual is maintaining stability of his/her mental health condition. • The individual is making progress as evidenced by improvement in the individual's symptoms, problems and impairments. • Psychiatric nursing care remains the least restrictive level of intervention for this individual. • The physician has evaluated the individual's progress by review of the treatment plan and the progress every 60 days.